

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

No

Number of copies of CRF::

Title ::

CONTROLLED SWITCH OF THE SWITCHED  
CAPACITANCE TYPE

Attorney Docket Number::

853063.508

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

1

Small Entity?::

No

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Gabriele  
Middle Name::  
Family Name:: Gandolfi  
Name Suffix::  
City of Residence:: Siziano  
State or Province of Residence::  
Country of Residence:: Italy  
Street of mailing address:: Via Marconi, 14  
City of mailing address:: Siziano  
State or Province of mailing address::  
Country of mailing address:: Italy  
Postal or Zip Code of mailing address:: I-27010

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Andrea  
Middle Name::  
Family Name:: Baschirotto  
Name Suffix::  
City of Residence:: Tortona  
State or Province of Residence::  
Country of Residence:: Italy  
Street of mailing address:: Corso Alessandria, 166

City of mailing address:: Tortona  
State or Province of mailing address::  
Country of mailing address:: Italy  
Postal or Zip Code of mailing address:: I-15057

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Vittorio  
Middle Name::  
Family Name:: Colonna  
Name Suffix::  
City of Residence:: Landriano  
State or Province of Residence::  
Country of Residence:: Italy  
Street of mailing address:: Via F. Ili Cervi, 39  
City of mailing address:: Landriano  
State or Province of mailing address::  
Country of mailing address:: Italy  
Postal or Zip Code of mailing address:: I-27015

**Correspondence Information**

Correspondence Customer Number :: **38106**

**Representative Information**

Representative Customer Number::		<b>38106</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Italy	MI2003A000154	01/30/03	Yes

**Assignee Information**

Assignee name::	STMicroelectronics S.r.l.
Street of mailing address::	Via C. Olivetti, 2
City of mailing address::	Agrate Brianza
State or Province of mailing address::	
Country of mailing address::	Italy
Postal or Zip Code of mailing address::	I-20041

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